



IDAHO DEPARTMENT OF
HEALTH & WELFARE

NONRECURRING ADOPTION EXPENSES REIMBURSEMENT APPLICATION

This application is submitted to Department of Health & Welfare, Division of Family and Community Services, to determine eligibility for reimbursement. It is not an agreement or contract. All requested documentation must be submitted to determine eligibility. If the child is determined eligible for participation, **an agreement must be signed by all parties prior to the finalization of the adoption to be valid.**

CHILD'S PRE-ADOPTIVE NAME (FIRST, MIDDLE, LAST)	CHILD'S POST-ADOPTIVE NAME (FIRST, MIDDLE, LAST)
Child's Date of Birth	Child's Racial/Ethnic Background

	Applicant 1	Applicant 2
Name (Last, First, Middle):		
Date of Birth:		
Social Security Number:		
E-mail Address:		
Work Phone:		
Cell Phone:		

APPLICANT(S) MAILING ADDRESS:	
Applicant(s) Home Address:	

PLACING AGENCY:	
Placing Professional:	
Placing Agency/Professional Phone:	
Date of Adoptive Placement:	

I. LEGAL STATUS

A. Date of Termination of Parental Rights of the Mother: _____

B. Date of Termination of Parental Rights of the Father: _____

C. Mark all of the following efforts made to locate the most suitable adoptive family for the child (at least one of the following must apply; documentation must be provided):

☐ Significant emotional ties existed with the adoptive parent(s) prior to adoptive placement.

☐ Child participated in media-based recruitment (i.e. an adoption exchange, website, program).

☐ Other families declined placement of the child due to the child's special needs.

☐ Placement with relatives of the birth family was considered.

☐ Relative adoption.

D. Proposed date of adoption finalization: _____

II. CHILD'S NEEDS

The child's special needs are based on which of the following (at least one must apply):

SPECIAL NEED	DESCRIPTION (ATTACH DOCUMENTATION)
<input type="checkbox"/> Physical Disability	
<input type="checkbox"/> Emotional Disability	
<input type="checkbox"/> Mental Disability	
<input type="checkbox"/> Medical Disability	
<input type="checkbox"/> Age	
<input type="checkbox"/> Sibling Group	

III. NON-RECURRING EXPENSE REIMBURSEMENT

*Reimbursement is limited to actual, allowable costs related to the child's adoption and may not exceed \$2,000 per child. Original receipts and a Certified Order of Adoption must be received prior to reimbursement. Expenses related to the termination of parental rights and/or those reimbursed through other sources are not eligible for reimbursement.

A. The following are estimates for expenses:

<input type="checkbox"/>	Adoption-related legal expenses	Amount: \$_____
<input type="checkbox"/>	Amended Birth Certificate	Amount: \$_____
<input type="checkbox"/>	Adoption agency fees	Amount: \$_____
<input type="checkbox"/>	Travel expenses	Amount: \$_____
<input type="checkbox"/>	Other: _____	Amount: \$_____

B. Indicate how much of each expense is being reimbursed through an employer or other source(s).

<input type="checkbox"/>	Adoption related legal expenses	Amount: \$_____
<input type="checkbox"/>	Amended Birth Certificate	Amount: \$_____
<input type="checkbox"/>	Adoption agency fees	Amount: \$_____
<input type="checkbox"/>	Travel expenses	Amount: \$_____
<input type="checkbox"/>	Other: _____	Amount: \$_____

IV. REQUIRED DOCUMENTATION

The following documentation must be submitted along with this application to your regional Child and Family Services Permanency Team (see page 4) for the application to be processed:

- Copies of the Court Order(s) terminating parental rights (Application 1.A and 1.B)
- Documentation of efforts to place the child with the most suitable adoptive family (Application I.C)
- Documentation of the child's special needs (Application II)

Please allow 4 weeks for determination of eligibility

Submitted by:

Applicant 1

Date

Applicant 2

Date

Regions 1 and 2

(Benewah, Bonner, Boundary, Clearwater, Idaho, Kootenai, Latah, Lewis, Nez Perce, and Shoshone Counties)

Idaho Department of Health & Welfare
Child and Family Services, Permanency Team
1250 Ironwood Drive, Suite 100
Coeur d'Alene, Idaho 83814-2681
(208) 769-1515

Region 3

(Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties)

Idaho Department of Health & Welfare
Child and Family Services, Permanency Team
3402 Franklin Road
Caldwell, Idaho 83605
(208) 455-7000

Region 4

(Ada, Boise, Elmore, and Valley Counties)

Idaho Department of Health & Welfare
Child and Family Services, Permanency Team
1720 Westgate Drive, Suite D
Boise, Idaho 83704
(208) 334-6800

Region 5

(Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties)

Idaho Department of Health & Welfare
Child and Family Services, Permanency Team
601 Pole Line Road
Twin Falls, Idaho 83301
(208) 734-4000

Regions 6 and 7

(Bannock, Bear Lake, Bingham, Bonneville, Butte, Caribou, Clark, Custer, Franklin, Fremont, Jefferson, Lemhi, Madison, Oneida, Power, and Teton Counties)

Idaho Department of Health & Welfare
Child and Family Services, Permanency Team
150 Shoup Avenue
Idaho Falls, Idaho 83402
(208) 528-5900